



**CITY OF ASHEVILLE
and
ASHEVILLE REGIONAL HOUSING CONSORTIUM**

**HOME Investment Partnerships Program
and
Community Development Block Grant Program**

**APPLICATION FOR FUNDING
for
NON-CONSTRUCTION
PROJECTS**

**For grant year starting
July 1, 2006**

**Application workshop:
December 8, 2005, City Hall 6th Floor - 10:00 a.m. – 12 noon**

**** Pre-application form to be submitted by all applicants by December 30, 2005 ****

GENERAL APPLICATION INSTRUCTIONS

Which Form?

This form is to apply for CDBG, HOME, or ADDI funds for **non-construction projects**. This includes:

- Social services (CDBG only)
- Housing services (CDBG only)
- Tenant Based Rent Assistance (HOME only)
- Down-payment assistance (CDBG, HOME, or ADDI)
- Emergency Home Repair (CDBG only)
- Job training and small business assistance (CDBG only)
- Planning (CDBG or HOME)

There is a separate form for construction projects: that is projects involving the acquisition or improvement of real property, including housing construction and rehabilitation programs. Down-payment assistance to homebuyers is counted as non-construction and so are emergency (minor) repair programs. Call CD staff if in doubt which form to use.

CDBG or HOME?

This is not a simple question, since the programs do overlap.

- CDBG funds can be used for a wide variety of non-construction programs, but must be used within the City of Asheville.
- HOME and ADDI funds may be used anywhere in the Consortium (Buncombe, Henderson Madison and Transylvania Counties)
- The only non-construction uses eligible for HOME funding are Tenant Based Rental Assistance and down-payment assistance to homebuyers
- ADDI funding can be used only for downpayment assistance.

If in doubt, please contact City of Asheville staff. If the project is eligible for both sources of funding (e.g. down-payment assistance) you must choose which one to apply for, as ***CDBG and HOME cannot be used on the same project.***

Eligible Applicants

HOME or ADDI applicants must be:

- Consortium member governments; or
- Non-profit agencies applying through a member government (outside Asheville: contact your member government for additional application requirements);

CDBG applicants must be:

- Non-profit agencies with a primary purpose to provide housing, human services or economic development services within the City of Asheville.

“Non-profit” means having a 501c(3) or equivalent IRS tax exemption notice.

All applicants must demonstrate a track record of continuous, active, and relevant operation for at least two years.

Income Eligibility

In general, all projects must benefit persons with household income below 80% of median income adjusted for family size (see table on page V).

| | |
|--|--|
| Grant Period | The funding period starts <u>July 1, 2006</u> . Costs incurred before that date cannot be reimbursed. You should plan to expend all funds by <u>June 30, 2007</u> . |
| Pre-Applications | <u>All interested applicants must submit a pre-application form by Friday, December 30, 2005</u> , to Brenda Griffith at the Asheville Community Development Division Office – bgriffith@ashevillenc.gov |
| Pre-Application Meetings | Applicants who have not previously received CDBG or HOME funding for the same, or a very similar project, must set up a meeting with CD staff before submitting their full application, to discuss program eligibility and other requirements. Otherwise, the project may not be accepted. |
| Special Conditions | Please note that total funding to support social service programs is limited to 15% of the CDBG budget. Competition for these funds is particularly tight. |
| Invalid Applications | Applications may be rejected without evaluation for the following reasons: <ol style="list-style-type: none"> 1) Program not clearly eligible according to CDBG/HOME regulations. 2) Applicant has demonstrated poor past performance in carrying out City-funded programs or complying with federal regulations. 3) Applicant fails to provide audited financial statements or other required information. |
| Project Evaluation & Funds Allocation | <p>Applications will be evaluated by staff and assigned scores according to criteria based on the priorities in the 2005-2010 Consolidated Strategic Plan, the feasibility of the project, and the capacity of the agency to carry it out. These scores will be used as a guide in allocating funds, but will not be the sole factor in determining whether a program will be funded or how much funding it will receive.</p> <p>After this initial evaluation, CDBG applications will be reviewed by the City of Asheville's Housing and Community Development Committee, and HOME applications by the Asheville Regional Housing Consortium Board. These bodies will present their allocation recommendations to the Asheville City Council in the form of a Consolidated Action Plan for the CDBG and HOME programs. In addition, the City will seek citizen input on the Plan through public hearings. The schedule is on the next page.</p> |

Applicants should understand that this is a competitive application process for limited funding. There will be applications for projects that satisfy many of the evaluation criteria but are not funded. Successful applications may be funded for less than the amount requested.

Schedule for CDBG & HOME Planning for 2006

| 2005 | Action |
|--|--|
| November 15 (Tuesday) | Public Hearing in Henderson County |
| November 16 (Wednesday) | Public Hearing in Buncombe County |
| | |
| December 8 (Thursday) (10:00 – 12:00 Asheville City Hall, 6th floor training room) | Training session for applicants. You are strongly advised to attend |
| | |
| December & January | 1-on-1 Technical Assistance – required for new applicants |
| | |
| December 30 (Friday) | Deadline to submit pre-application form |
| | |
| 2006 | Action |
| January 31 (Tuesday) | Deadline for applications |
| | |
| February | Staff review of applications |
| | |
| March 15 (tentative) | HOME applicant interviews |
| | |
| March 13 – 22 (to be arranged) | CDBG applicant interviews |
| | |
| March 28 (Tuesday) | Draft Plan published for public comment |
| | |
| April 11 (Tuesday) | Asheville City Council: Public Hearing on draft plan |
| | |
| April 21 (Friday) | Deadline for citizen comments on draft plan |
| | |
| April 25 (Tuesday) | Asheville City Council approves Plan |
| | |
| May 12 | Deadline for submitting Plan to HUD |

Income Limits For Extremely Low, Very Low, and Low Income Households

(Based on HUD data on area median family income for FY 2005.

We expect to receive revised limits for 2006 early next year)

| County | Category | % AMI | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|--|----------------------|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| Buncombe & Madison (incl. City of Asheville) | Extremely Low Income | <30% | 10,450 | 11,950 | 13,400 | 14,900 | 16,100 | 17,300 | 18,500 | 19,700 |
| | Very Low Income | 31-50% | 17,400 | 19,900 | 22,350 | 24,850 | 26,850 | 28,850 | 30,800 | 32,800 |
| | Low Income | 51-80% | 27,850 | 31,800 | 35,750 | 39,750 | 42,950 | 46,100 | 49,300 | 52,500 |

AMI = Area Median Family Income

| County | Category | % AMI | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|-----------|----------------------|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| Henderson | Extremely Low Income | <30% | 11,100 | 12,650 | 14,250 | 15,850 | 17,100 | 18,350 | 19,650 | 20,900 |
| | Very Low Income | 31-50% | 18,500 | 21,100 | 23,750 | 26,400 | 28,500 | 30,600 | 32,750 | 34,850 |
| | Low Income | 51-80% | 29,550 | 33,800 | 38,000 | 42,250 | 45,600 | 49,000 | 52,400 | 55,750 |

| County | Category | % AMI | 1 Person | 2 Person | 3 Person | 4 Person | 5 Person | 6 Person | 7 Person | 8 Person |
|--------------|----------------------|--------|----------|----------|----------|----------|----------|----------|----------|----------|
| Transylvania | Extremely Low Income | <30% | 10,750 | 12,300 | 13,800 | 15,350 | 16,600 | 17,800 | 19,050 | 20,300 |
| | Very Low Income | 31-50% | 17,900 | 20,500 | 23,050 | 25,600 | 27,650 | 29,700 | 31,750 | 33,800 |
| | Low Income | 51-80% | 28,650 | 32,750 | 36,850 | 40,950 | 44,250 | 47,500 | 50,800 | 54,050 |

Client Income eligibility: HOME- and CDBG-assisted programs must serve low income clients (less than 80% of AMI). For HOME rental programs lower income limits apply. For all HOME programs and for CDBG programs providing direct financial benefits, **all** clients must meet income eligibility limits. For other CDBG programs at least 51% of clients must meet income limits. Certain categories of CDBG clients e.g. the homeless, may be presumed to meet income limits. If you are not sure about your program's eligibility, please call CD staff.

Client Income Tracking: As well as ensuring client eligibility, HUD requires us to report the numbers of clients served in each of the income groups listed above.

DETAILED APPLICATION INSTRUCTIONS

- **All applicants must submit a pre-application form by Friday, December 30, 2005.** Applicants who have not previously received CDBG or HOME funding for the same or a very similar project must set up a meeting with CD staff in December or January, before submitting their full application.
- Submit original and four copies of **full application** by 5:00 PM on **Tuesday, Jan. 31, 2006.**
- Forms may be submitted by hand at Asheville City Hall, Fifth Floor, or by mail to:
City of Asheville
Community Development Division
Post Office Box 7148
Asheville NC 28802-7148
- Electronic submission is acceptable for the pre-application form, but not for the full application form.
- **Please complete each question directly on the application form.** Attachments should only be used to provide supplemental information. The application form may be completed manually or reproduced in your word processor system (recommended). The application form can be downloaded from the City website at <http://www.ashevillenc.gov/planning/cdbg.htm>
- Applications should be fastened with a paper clip or other fastening that can easily be undone for copying. Please do not use binders, covers, or staples.
- Applications should start at Page 1 (Application Information). Do not include a cover letter or the instruction pages; any covers will be discarded.
- The required attachments listed on Page 2 should be attached at the back of the original application in the order listed. If lengthy, they may be omitted from the copies.
- Additional printed documentation, photographs and maps may be placed immediately behind the page they refer to. They should be included in all four copies.
- Narrative responses should be 1½-spaced in a typeface no smaller than 11-point.
- **Applications exceeding 20 pages (excluding required attachments) and pages larger than 11x17 or in color are strongly discouraged. We may require you to furnish up to 15 additional copies of such applications or pages at your own expense.**
- Please read all questions and instructions carefully. **The care that goes into accurately and informatively completing this application is evidence of your agency's ability to manage the complexities of CDBG and HOME program requirements.**

Staff in the City's Community Development Division will be happy to answer questions about the CDBG and HOME programs, this form and the application process, but cannot assist in writing applications or offer comment on drafts. Tel. 259-5721; e-mail: bgriffith@ashevillenc.gov .

PRE-APPLICATION FORM Non-Construction

All applicants must submit a pre-application to Brenda Griffith – bgriffith@ashevillenc.gov

Please submit this form (one page) as early as possible,
and **no later** than Friday, December 30, 2005

Name of Applicant: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Provisional Name of Project: _____

Project Type (check one or more):

- _____ Social services (CDBG only)
- _____ Housing Services (CDBG only)
- _____ Tenant Based Rent Assistance (HOME only)
- _____ Down-payment assistance (CDBG, HOME, ADDI)
- _____ Job training and small business assistance (CDBG only)
- _____ Planning (CDBG or HOME)
- _____ Other: _____

Applying for (check one): ☐ CDBG ☐ HOME ☐ ADDI ☐ Not sure yet

Likely amount of request (check one): _____ less than \$50,000
_____ \$50,000-100,000
_____ more than \$100,000

Check **one** of the following statements:

- _____ 1. We have previously received CDBG or HOME funds for this project or one very similar and do not need one-on-one technical assistance before submitting our application.
- _____ 2. We have not previously received CDBG or HOME funds for this project and request one-on-one technical assistance before submitting our application.

**CITY OF ASHEVILLE
ASHEVILLE REGIONAL HOUSING CONSORTIUM**

**Application for Funding
for a
NON-CONSTRUCTION PROJECT**

This is an application for: ☐ **CDBG** ☐ **HOME** ☐ **HOME-ADDI**
(Check only one box)

**SECTION I
APPLICANT INFORMATION**

Full Legal Name of Applicant: _____

Applying as: ☐ Asheville CDBG Subrecipient (CDBG only)
(check one) ☐ Asheville HOME Subrecipient (HOME only)
☐ Other Member Government (HOME only)
(Subrecipient agency, if any: _____)
☐ CHDO (HOME only)

Address: _____

City/State/Zip: _____

Telephone Number: _____

Contact Person: _____

Title: _____

Telephone Number: _____ E-mail: _____

Name of Project: _____

Total funds requested: \$ _____

To the best of my knowledge and belief all data in this application are true and current. The document has been duly authorized by the governing board of the applicant.

Signature: _____
Mayor/Chair of Board Date

CHECKLIST OF DOCUMENTATION INCLUDED WITH THIS APPLICATION:**(Place an "X" in each box.)****You must provide an ORIGINAL plus FOUR COPIES of the following sections in the order listed:**

- ☐ Applicant Information
- ☐ Program Description
- ☐ Program Budget
- ☐ Agency Management
- ☐ Disclosure of Potential Conflicts of Interest

Also, please provide ONE of each of the following attachments, if available:

- ☐ Current Organizational Chart
- ☐ Current Bylaws and Articles of Incorporation on file with City*__ attached ____
- ☐ IRS tax determination letter (501(C)(3)) on file with City*__ attached ____
- ☐ Most recent independent audit on file with City*__ attached ____
- ☐ Auditor's management Letter on file with City*__ attached ____
- ☐ Most recent un-audited financial statement
- ☐ Current list of Board of Directors
- ☐ Americans with Disabilities Act (ADA) Policy on file with City*__ attached ____

* Please check with CD staff before indicating that documents are on file with the City.

SECTION II

PROGRAM DESCRIPTION

II.A. Program Title: _____**II.B. Program Location(s)** (be as specific as possible): _____

_____**II.C. Type of Activity** (check one):

- | | |
|---|--|
| <input type="checkbox"/> Human Services <input type="checkbox"/> Job training <input type="checkbox"/> Tenant-Based Rent Assistance <input type="checkbox"/> Other (Specify) _____ | <input type="checkbox"/> Housing Services related to HOME-assisted projects <input type="checkbox"/> Small Business Assistance <input type="checkbox"/> Homebuyer downpayment assistance |
|---|--|

If in doubt, please call City Community Development staff on 259-5721 for advice.

II.D. Program Purpose (one sentence stating the purpose of the program in simple language):

II.E. Program Justification. Who are the targeted clients? What are their needs? What objective data can you quote in evidence of needs? (Note that there is another question below covering the detail of how the program will be operated):

II.F. Is this a **human services program** which is not already CDBG-funded? YES _____ NO _____
If YES,

- a) Briefly describe other relevant programs in the Asheville area and demonstrate that there is a gap in service provision.
- b) Say how CDBG funding will enable you to provide new or expanded services (be quantitative)

II.G. Program Operation. Explain simply and clearly how your program works. This may take more than one page. Please concentrate on practical details - what, where, when, who and how - rather than program philosophy or purpose. **Do not assume that the reader knows anything about your operations.** For service programs, this is best done by describing the steps by which a **client** progresses through the program, rather than focusing on what **staff** do. Be sure to describe how clients access the program in the first place, how much time they typically spend with staff in program activities, how they provide evidence of their eligibility, and how your collaboration with other agencies helps them. For minor rehab programs only, describe in detail how you address lead-based paint testing and hazard control on property built before 1978.

II.H. Staffing. Identify your program team by name, job title, and employment status (employee, independent contractor, or volunteer), and describe each person's relevant experience and program role. (use job titles consistently here, on the agency organizational chart, and in the Budget salary table) **For minor rehab programs only**, identify project staff who have completed training in Lead Safe Work Practices (with date) or have any more extensive training in LBP hazard control.

- II.I. Timetable.** For **new programs**, or programs in which **significant improvements** are proposed, complete the following table to identify the key implementing steps and target dates. Add rows as needed.

| Action | Target date for completion |
|--------|----------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

- II.J Housing Services applicants only.** If you are applying for a CDBG Housing Services grant to assist with the staff and overhead costs of producing HOME-assisted units, please complete the following table.

HOME-Eligible Production Underway or Planned in City Of Asheville

| Project Name | Expected Number of HOME-eligible units in City of Asheville ONLY | | | Unit type: S/F or M/F | Expected completion date | Amount project receives in CDBG project delivery or HOME-funded developer fees |
|----------------------------|--|-------|------------------------------|-----------------------|--------------------------|--|
| | New Constr. | Rehab | Down-payment assistance only | | | |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| Unduplicated Total: | | | | | | \$ |

II.K. PROGRAM TARGETS

- 1. Client Demographics.** Please complete the following tables to the best of your ability. Show numbers of clients, **not percentages**, in each category. Current income limits are on page V of the general instructions.

| Number of Persons or Households Served, by Income Group | | | | | |
|---|-------------------------------|--------------------------|------------------|---|--------------------------|
| Check whether counting by- | <u>Persons:</u> (Services) | <input type="checkbox"/> | or | <u>Households:</u> (Rehab, DPA, Loans) | <input type="checkbox"/> |
| Year | <30% of median | 31-50% of median | 51-80% of median | >80% of median | Total |
| 2004/2005 (actual)* | | | | | |
| 2005/2006 (as now projected) | | | | | |
| 2006/2007 (target) | | | | | |

**For existing programs this line should be consistent with data you submitted for the CAPER.*

2. Program Outcomes, Targets and Measurement

The table below lists the Non-Construction Goals from our 2005-2010 Consolidated Strategic Plan. You must select at least one of these outcomes. Examples of performance measures are provided in Appendix A. You may also tell us about other outcomes, performance measures and targets that you plan to achieve

| OUTCOME GOALS Benefit to the community, clients, or changes in client behavior or conditions <i>Select at least 1 outcome and complete ALL columns for that row.</i> <i>(you may delete other rows to make space)</i> | PERFORMANCE MEASURES (The specific, measurable changes that you will look for and record to indicate whether or not your program outcomes are being achieved.) | ANNUAL OUTCOME TARGETS (Number & percent of clients who achieve desired change) | | | | | |
|---|--|---|---|--|---|-------------------------|---|
| | | 2006-2007 Projected | | July 2005 thru' Dec 2005 Actual | | 2004-2005 Actual | |
| | | # | % | # | % | # | % |
| 1. Increase the safety & preserve housing for low-income owners | | | | | | | |
| 2. Prevent homelessness & stabilize households | | | | | | | |
| 3. Increase the number of homeless that obtain entitlement benefits | | | | | | | |
| 4. Engage homeless persons in mental health treatment / counseling | | | | | | | |
| 5. Improve financial well being of low-income persons | | | | | | | |
| 6. Increase homeownership for low-income and minority households | | | | | | | |
| 7. Improve student academic performance | | | | | | | |
| 8. Increase parent involvement in educational programs | | | | | | | |
| 9. Complete job training program | | | | | | | |
| 10. Gain sustaining employment | | | | | | | |
| 11. Create/sustain/expand small businesses | | | | | | | |
| 12. Create jobs | | | | | | | |
| 13. Other (insert) | | | | | | | |

SECTION III PROGRAM BUDGET

III.A. PROGRAM OPERATING BUDGET:

Please provide budget information on the next page for **this program only**, (not the entire agency, unless this is the agency's sole program). Columns 2-4 cover the **total** revenues and costs for this program, including the funds you are applying for in this funding application. Column 5 shows just the CDBG or HOME amount requested in this application, and how those funds are to be used. **If you do not use our fiscal year (July 1-June 30) for your budgeting, please amend the column headings accordingly.**

1. What is your agency's fiscal year? _____
2. Does this program budget cover significant activities outside Asheville? _____. If yes, please estimate the percentage of program effort provided within Asheville: _____ %

Revenues

| 1 | 2 | 3 | 4 | 5 | 6 |
|-------------------------|-------------------------------|--|---------------------------------|---|--|
| Source | 7/1/04 – 6/30/05 Actual | 7/1/05 – 6/30/06 As Now Projected | 7/1/06 – 6/30/07 Proposed | 7/1/06 – 6/30/07 This Grant Only | 06/07 Funding Committed? YES/NO |
| This Grant | \$ | | | | NO |
| CDBG Program Income | | | | | |
| Other Grants (list): | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Support from the Public | | | | | |
| Program Fees | | | | | |
| Other (specify) | | | | | |
| | | | | | |
| TOTAL REVENUE | | | | | |

Please make sure that proposed Expenditures correspond to proposed Revenues.

Expenditures

| 1 | 2 | 3 | 4 | 5 |
|---|------------------------------------|--|--|---|
| Line Item | 7/1/04 – 6/30/05 Actual | 7/1/05 – 6/30/06 As now Projected | 7/1/06 – 6/30/07 Proposed | 7/1/06 – 6/30/07 This Grant Only |
| Salaries | | | | |
| Taxes & Fringe Benefits | | | | |
| Professional Fees | | | | |
| Supplies | | | | |
| Telephone | | | | |
| Postage | | | | |
| Occupancy Costs | | | | |
| Equipment Maintenance | | | | |
| Printing & Publications | | | | |
| Travel & Training | | | | |
| Direct Assistance to Clients | | | | |
| Membership Dues | | | | |
| Indirect Costs | | | | |
| Other | | | | |
| TOTAL EXPENDITURE | | | | |
| Excess (shortfall) of Revenue over Expenditure | | | | 0 |

III. B. EXPLANATION OF BUDGET CHANGES: Please explain all large changes in expenditures from year to year (a “large change” is an increase or reduction of more than 10% in a line item, but you may ignore changes less than \$1000).

III. C. CDBG/HOME STAFF COSTS: If application includes CDBG or HOME funding for salaries or fringe benefits, please complete this table:

| Position Title | Total Annual Salary | % Time to be spent on CDBG Program | CDBG/HOME Salary Request |
|----------------|---------------------|------------------------------------|--------------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL: | | | |

III.D. IN-KIND SUPPORT (optional)

If your program will receive significant non-cash support (e.g. donated goods or services, volunteer labor, loans provided directly to clients by third parties through your efforts), you should list it here so we can take it into account in estimating “leverage”. Volunteer labor should be valued at \$10 per hour unless you can justify a larger amount (e.g. for donated professional services).

III.E. PROGRAM INCOME , CBDO and CHDO PROCEEDS

(This section is to be completed only by Buncombe & Madison Counties, EMSDC, HAC, Habitat, NHS, MHO, MMLF & WCCA.)

Program income, CBDO and CHDO proceeds are income directly generated by the use of CDBG, HOME, or other Federal funds. Examples include the repayment of CDBG or HOME loans that you have made, the net proceeds from the sale of homeowner units, or rent of assisted property. *If you have any questions, please contact CD staff.*

1. List the specific programs operated by your organization that generate CDBG or HOME program income and CBDO and CHDO proceeds:
2. How does your organization currently use program income and CBDO and CHDO proceeds?
3. Complete the table below for your organization’s on-hand and projected CDBG and HOME program income. Remember to include program income from all of your CDBG or HOME programs.

| | CDBG Program Income | CBDO Proceeds | HOME Program Income | CHDO Proceeds |
|-------------------------------------|---------------------|------------------|---------------------|------------------|
| Balance at 12/31/05 | \$ | \$ | \$ | \$ |
| Estimated receipts 1/1/06 – 6/30/06 | \$ | \$ | | |
| Proposed Program Use & Amount | Program / Amount | Program / Amount | Program / Amount | Program / Amount |
| | | | | |
| | | | | |
| | | | | |

SECTION IV AGENCY MANAGEMENT

(Consortium Member Governments do not need to complete this section)

IV.A. ORGANIZATION

1. What is your organization mission statement?
2. Incorporation date (Month and Year)?
3. Estimated Agency Budget for FY 2006: \$ _____
4. Number of staff employed (full time equivalents) _____
5. Does your organization have any of the following written management policies:

| Policy | Yes | No | Date Last Updated | On file with City ? |
|-------------------------------|-----|----|-------------------|---------------------|
| Personnel policy | | | | |
| Job descriptions | | | | |
| Purchasing policy | | | | |
| Code of conduct | | | | |
| ADA policy* | | | | |
| Indirect Cost Allocation Plan | | | | |

* We ask that you attach a copy of your ADA policy (self evaluation), if it is not already on file with us. An ADA self evaluation goes beyond a simple statement of intention not to discriminate; it documents in detail how you have reviewed your premises, programs, and personnel policies to ensure that no unnecessary barriers exist to full program participation or employment for persons with disabilities. For more details see <http://www.hud.gov/offices/cpd/lawsregs/notices/2000/00-10.pdf>

IV.B. AGENCY TRACK RECORD. Please describe what makes your agency particularly qualified to carry out the program described in Section II. (This may include your past achievements in carrying out this program or other similar programs, experience of key staff, collaborative relationships with other agencies, or any other features relating to agency capacity that you consider relevant).

IV.C. BOARD OF DIRECTORS:

1. How many board members should you have according to your by-laws?
2. How many do you actually have at this date?
3. How often does your board meet?
4. What was the actual attendance at each of the last three regular Board meetings?
5. Have you failed to reach a quorum at any Board meetings in the last 12 months?
If so, How many times?

6. Do any of your organization's staff members serve on your board?
7. What efforts do you make to ensure that your board represents the community it serves?
8. **Please attach a complete list of your officers and members of your board of directors. Include addresses and phone numbers.**

IV.D. ATTACHMENTS

Please provide one copy of each of the following documents, unless they are already on file with the City:

1. An **organizational chart**. Highlight staff who will be responsible for this project
2. By-Laws, Articles of Incorporation, and 501c(3) determination letter.
3. A copy of your most recent **audited financial statement**, including the management letter if one was issued.
4. If you have completed a financial year that has not yet been audited, please also attach an **un-audited financial statement** for that year.
5. A complete list of the members of your **Board of Directors**. Include addresses and phone numbers.
6. A copy of your ADA Policy.

SECTION V DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST

Are any Board Members or employees, or members of their immediate families, or their business associates:

- | | |
|--|----------------|
| a) Employees of or closely related to employees of the City's Planning and Development Department: | YES ___ NO ___ |
| b) Members of or closely related to Members of City Council: | YES ___ NO ___ |
| c) Current beneficiaries of the program for which funds are requested: | YES ___ NO ___ |
| d) Paid providers of goods or services to the program or having other financial interest in the program: | YES ___ NO ___ |

If you have answered YES to any question, **please attach a full explanation**. The existence of a potential conflict of interest does not necessarily make your agency ineligible for funding, but the existence of an **undisclosed** conflict may result in the termination of any grant awarded.

APPENDIX A

Outcomes and Performance Measures from Table 24 in the 2005-2010 Consolidated Plan

| Program Type | Outcome | Performance Measures |
|---|---|--|
| Water / Sewer, Street and Sidewalk Improvements | <ol style="list-style-type: none"> Improved infrastructure in low-income residential areas Availability of water/sewer to vacant infill lots | <ol style="list-style-type: none"> # of households that have access to improved infrastructure # of vacant lots now with water/sewer availability |
| Transportation Accessibility | <ol style="list-style-type: none"> Improved infrastructure in low-income areas Increased transit accessibility along LI area routes | <ol style="list-style-type: none"> # of persons in LI areas that have access to bus shelters/signage Increase in public transit ridership |
| Financial, Housing and Family Support Services | <ol style="list-style-type: none"> Prevent homelessness and stabilize households Improve financial well being Low-income and minority households achieve homeownership | <ol style="list-style-type: none"> # of households avoided eviction, foreclosure, or obtained safe affordable housing # persons improved credit # of LI homebuyers # of LI minority homebuyers |
| Homeless Services | <ol style="list-style-type: none"> Homeless persons will increase income by obtaining entitlement benefits Engage in mental health treatment / counseling Move to permanent housing | <ol style="list-style-type: none"> # persons who obtain at least one form of entitlement benefit # persons attending at least one treatment or counseling session # persons obtaining permanent housing |
| Youth Services | <ol style="list-style-type: none"> Students academic performance improves Parent involvement increases | <ol style="list-style-type: none"> # students improving their grades & attendance # parents attending meetings, trainings or volunteer w/ program |
| Micro-Enterprise Assistance / Job Training | <ol style="list-style-type: none"> Participants complete training program Participants gain sustaining employment Create or expand small businesses Create jobs Sustain small businesses | <ol style="list-style-type: none"> # training graduates # obtaining employment # of business start ups & expansions # of FTE jobs created # of assisted businesses that remain operational 12 months after assistance |